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Ser. No.: 10/728,486 Filing Date: December 5, 2003 Docket No. IBIS0060-100 (DIBIS-0012US.P1)
Matter No.: 146380
Title: Methods For Rapid Identification Of Pathogens In Humans And Animals Pages to Follow: 2
Sender's Name: Paul K. Legaard Date: October 24, 2005

| RECIPIENT(S) | COMPANY/FIRM | FAX |
|---------------|--------------|----------------|
| ART UNIT 1634 | | (571) 273-8300 |

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PLEASE DELIVER TO ART UNIT 1634
ATTACHED IS:

1. Transmittal Form (1 page)
2. Request for Withdrawal as Attorney and Change of Correspondence Address (1 page)

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T-193 P.002/003 F-174

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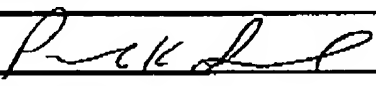
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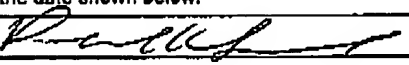
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| | | |
|--|------------------------|--------------------------------|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 10/728,486 |
| | Filing Date | December 5, 2003 |
| | First Named Inventor | David J. Ecker |
| | Art Unit | 1634 |
| | Examiner Name | Not Yet Assigned |
| Total Number of Pages in This Submission | Attorney Docket Number | IBIS0060-100 (DIBIS-0012US.P1) |

| ENCLOSURES (check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Request for Withdrawal as Attorney or Agent and Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm | Cozen O'Connor, P.C. | | |
| Signature |  | | |
| Printed Name | Paul K. Legaard | | |
| Date | 29 October 2005 | Reg. No. | 38,534 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Signature |  | | |
| Typed or printed name | Paul K. Legaard | Date | Oct 29 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

| | |
|------------------------|--------------------------------|
| Application Number | 10/728,486 |
| Filing Date | December 5, 2003 |
| First Named Inventor | David J. Ecker |
| Art Unit | 1634 |
| Examiner Name | Not Yet Assigned |
| Attorney Docket Number | IBIS0060-100 (DIBIS-0012US.P1) |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number 34138

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.


The reasons for this request are: Application is being transferred to other counsel

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

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| <input checked="" type="checkbox"/> Firm or Individual Name | Medlen & Carroll | | |
| Address | 440 Science Drive, Suite 203 | | |
| City | Madison | State | WI ZIP 53711 |
| Country | USA | | |
| Telephone | Email | | |
| Signature |  | | |
| Name | Paul K. Legaard | Registration No. | 38,534 |
| Date | October 29, 2005 | Telephone No. | 215-665-6914 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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